



**STATE OF DELAWARE**  
**Child Death Review Commission (CDRC)**  
**Policy and Procedure**

**Maternal Mortality Review (MMR)**

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**Purpose:**

The goal of the Delaware Maternal Mortality Review (MMR) is to identify and conduct an in-depth, multidisciplinary review of pregnancy-related deaths and selected pregnancy-associated deaths occurring among Delaware residents in Delaware. The ultimate purpose of these reviews is to describe and track factors associated with maternal deaths, identify systems-wide issues that may have contributed to the deaths, develop recommendations for change, disseminate information and assist in the implementation of recommendations that will improve the health of mothers and infants in Delaware.

**Policy:**

A maternal death is defined as a death of a woman while pregnant or within one year of the end of pregnancy, irrespective of cause. This is also known as a pregnancy-associated death. Pregnancy-associated deaths can be further divided into two categories: those that are pregnancy-related, and those that are not pregnancy-related. Both of these categories will be reviewed by Delaware's MMR program.

An MMR case that involves pending litigation will be reviewed once litigation is complete. However, if the prosecution is not complete within two years of the death, the case will be administratively reviewed and closed.

**Legislative Authority:**

31 Del. C. 320-324

**Definitions:**

Maternal death/Pregnancy-associated death: The death of a woman while pregnant or within one year of the end of her pregnancy, irrespective of cause.

Pregnancy-related death: The death of a woman while pregnant or within 1 year of the end of her pregnancy, irrespective of the duration and site of the pregnancy, from any

cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes.

Pregnancy-unrelated death: The death of a woman while pregnant or within 1 year of the end of her pregnancy due to a cause unrelated to pregnancy.

Maternal mortality review panel (MMRP): A multi-disciplinary team composed of medical, social service professionals, and other experts from the community who review a de-identified summary of the maternal death and the information from the family interview, if available. The panel identifies factors and system issues that may have contributed to the death, makes recommendations to address these issues and determines if the death was pregnancy related or unrelated.

De-identified: Information that is stripped of data elements that can lead to the identification of the woman, the family, and service providers involved in the case.

Family interview: A voluntary interview with the partner/spouse or other close family member or friend of the deceased woman to learn more about the context of the woman's life and the events surrounding her death. The family interview is conducted by the CDRC Senior Medical Social Worker.

Medical abstraction: A comprehensive medical record review of relevant medical records by a case abstractor, who is usually a physician or nurse with expertise in obstetrics. Review of records include prenatal/postpartum records, outpatient/inpatient visits, hospital admissions related to the pregnancy, delivery records, and primary care records up to two years prior to the death.

## **Procedure:**

### **Record Gathering**

1. Upon notification of the death, the Office Manager will enter the case into the CDRC MMR in-house database. Office file procedures will be followed by the Office Manager and Records Technician.
2. CDRC staff will subpoena all pertinent medical records dating up to two years prior to the death.
3. A DPH (Division of Public Health) case summary will be requested by the CDRC staff via the DHSS (Delaware Health and Social Services) liaison to request any relevant visit records up to two years prior to the death.
4. If maternal mental health issues are identified prior to the case review, those records will also be subpoenaed.
5. If additional records are determined to be necessary to complete the review, those records will be subpoenaed.

### **Family Interview**

6. Prior to the family interview, the CDRC Senior Medical Social Worker will secure criminal history checks concerning family members to be interviewed. This will be gathered by the CDRC records technician. The information gathered will be reviewed to determine the appropriateness for a family interview as well as provide a measure of security for the Senior Medical Social Worker. The CDRC staff will internally document the findings of the background checks.
7. A Family Interview will be initiated by the CDRC Senior Medical Social Worker via an initial letter (See Appendix A), one follow up letter, and three follow up telephone calls (if a telephone number is available) for the spouse/partner, next of kin or emergency contact listed in the medical records.
8. The partner/family member/friend will be contacted and invited to participate in the interview.
  - a. If he or she chooses to decline, the person will be encouraged to participate; if he or she still chooses to decline, that decision will be respected.
  - b. If he or she chooses to proceed, the interview will be conducted by the Senior Medical Social Worker.
  - c. The Family Interview will be based on a structured questionnaire. (See Appendix B) A follow up letter and evaluation will be sent to the interviewee after the visit. (See Appendix C)
  - d. A family interview will not be conducted if the partner/informant has an active warrant for his or her arrest, if the case is in litigation, or if psychiatric conditions deem the person a threat to the Senior Medical Social Worker. However, a medical abstraction and case review will occur once the litigation process, if any, is complete.
  - e. The case will be reviewed by the MMRP whether or not the family member declines to be interviewed.

### **Medical Abstraction**

9. The MMR case abstractor (a health care provider with obstetric expertise) will review and summarize the medical and public agency records and complete a case abstraction form. Some or parts of the abstraction form (de-identified) will be entered into the Center for Disease Control (CDC) Maternal Mortality Review Data System (MMRDS) secured computerized database. A comprehensive, de-identified case summary<sup>1</sup> (See Appendix D) will be presented to the MMRP.
10. After completing the de-identified case summary, the medical abstractor will then summarize the information from the summary and family interview, if available, in the Case Discussion Summary (See Appendix E). The Case Discussion Summary will be distributed to the MMR panel members at the beginning of the meeting. Time will be allocated during the meetings to allow panel members to read the case summaries on their own prior to the case discussion. To ensure that the Case Discussion Summary is de-identified, please observe the following:
  - Refer to hospitals as Hospital A, Hospital B, etc. and specify level of acuity care.
  - Refer to clinics as Clinic A, Clinic B, etc.
  - Refer to health care providers only by their specialty, such as the Midwife, MFM provider, etc.
  - To establish a timeline during pregnancy, refer to weeks/days gestation rather than calendar dates. To establish a timeline postpartum, refer to weeks/days postpartum rather than calendar dates.
  - To describe the terminal event, it may be necessary to include time and day of week in summaries (e.g. 02:00 on Saturday, or Monday 17:50, etc.) to establish a more detailed timeline.

### **MMR Meeting**

11. At each meeting of the MMRP, panel members must comply with and sign the confidentiality statement for the review process. The confidentiality sheets are collected and maintained by the CDRC staff. (See Appendix F)
12. Narrative case summaries will be distributed prior to the meeting or at the start of each MMRP meeting for the cases on the agenda that day.
13. The MMRP discussion will include, but not be limited to, the following issues: individual/community factors, system factors, clinical factors, death review process. Discussions will be documented on the Case Discussion Summary Form
14. Following presentations of information and discussion by the MMRP, the Chair will ask the panel the following:
  - a. Is this death pregnancy-related, not pregnancy-related or undetermined?
  - b. Was this death preventable?
  - c. What was the chance to alter the outcome?
  - d. Were reasonable standards of practice met by the systems involved?
  - e. What issues and gaps does this case highlight?

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<sup>1</sup> The de-identified case summary is a detailed form intended to be completed first as medical records become available.

15. If a review cannot be completed due to lack of information or expertise, the following should be considered:
  - a. Defer the review.
  - b. A request is made by the MMRP for more information. The CDRC staff will attempt to obtain the information (via subpoena if necessary.)
  - c. The case abstractor will summarize the additional information received and reschedule the deferred case as quickly as possible.
16. At the completion of a review, all MMRP members will turn over all documentation related to that review to the CDRC staff for shredding. All data sheets, case discussion forms and other related review materials will be stored in a locked file maintained by the CDRC staff. All necessary data will be entered by the Medical Abstractor into the MMRDS. The designated CDRC staff will also update the internal MMR tracking database.
17. During the summer (annually) the FIMR/MMR Program Coordinator will apply and submit all required paperwork for CME (certified medical education) units to the Medical Society of Delaware. A total of 2.5 CMEs are issued at each meeting (held twice yearly). At the end of each meeting, the FIMR/MMR Program Coordinator will submit a copy of the agenda, sign in/attendance sheet and required paperwork needed to finalize process for the end of the meeting. She will keep original copies in the office.

#### **Commission Meetings**

18. The CDRC staff designee will prepare the MMRP report and de-identified case summaries for the MMRP Chair to submit at the next scheduled Commission meeting.
19. The Commission will have the authority and purview to make recommendations based upon the MMRP's review of cases. This can occur at each quarterly meeting or at the annual report meeting (to occur in January or February of each year).

## Appendix A:



### STATE OF DELAWARE Child Death Review Commission (CDRC)

Date

Name

Address

Address

Dear ,

I am contacting you due to the recent loss of \_\_\_\_\_. I am very sorry for what you have been through.

I am a Social Worker with a State of Delaware Program that has been formed to review the deaths of women who were pregnant within the previous year. This program is called Maternal Mortality Review and its purpose is to prevent premature deaths of women in the future.

I would like to talk to you about how you are doing and invite you to participate in the program. Along with offering help and support to families who have had a loss, we also want to do everything we can to learn from these tragedies.

I have worked with grieving families for more than twenty-five years. When a person is grieving they may find it helpful to talk about their loved one, especially if they feel it may help some other family not have to experience what they are going through. The familial interviews can be the most valuable and insightful part of the review.

If you choose to take part in this program, a meeting will be scheduled with you in your home, in our office, or another place in which you would feel most comfortable. You can tell me about your loved one's experiences with the health care system and any other services that she may have used. We can also talk about your needs and the needs of your family. Referrals to programs in the community will be provided if you so desire.

Your participation in the program is completely voluntary.

Please contact me at (302) 255-1760 with any questions you may have about our program.

You and your family will remain in my thoughts.

Sincerely,

Kristin L. Joyce, B.A.  
Senior Medical Social Worker

## Appendix B:

# Maternal Mortality Review Family Interview Questionnaire

DE MMR Case # \_\_\_\_\_

Date of Interview: \_\_\_\_\_

1. What was your relationship to \_\_\_\_\_?
  - a. Husband--How long were you married? \_\_\_\_\_yrs
  - b. Boyfriend
  - c. Live in partner/ common law spouse
  - d. Mother
  - e. Father
  - f. Brother
  - g. Sister
  - h. Friend
  - i. Other \_\_\_\_\_

2. How long did you know \_\_\_\_\_?  
\_\_\_\_\_ months \_\_\_\_\_ yrs

**If the respondent was a boyfriend or partner of \_\_\_\_\_, ask question 3.**

3. Were either of you legally married to anyone else for the last year of her life?  
\_\_\_Yes \_\_\_No

4. Was she ever married before? \_\_\_Yes \_\_\_No

**If no, go to question 6.**

5. How many times total was she married? \_\_\_\_\_
6. Did you live together during the last year of her life? \_\_\_Yes \_\_\_No

**If yes, go to question 10.**

7. Where did you live in relation to \_\_\_\_\_?
  - a. Next door
  - b. Same apartment building or complex
  - c. Same street
  - d. Same neighborhood
  - e. Same city
  - f. Within the state
  - g. Different state
  - h. Different country
8. During the last year of \_\_\_\_\_'s life, how often did you see her?
9. How did you keep in contact with \_\_\_\_\_? (check all that apply)
  - a. In person
  - b. By telephone
  - c. By email
  - d. Other (specify) \_\_\_\_\_
10. How would you describe your relationship with \_\_\_\_\_?
  - a. Very close
  - b. Somewhat close
  - c. Not close

11. Did you have a job in the last year of \_\_\_\_\_'s life?

12. What was your occupation then?

**Now we would like to talk more specifically about \_\_\_\_\_.**

13. How did she describe her racial background?
  - a. Caucasian

- b. Black
  - c. Asian, Pacific Islander
  - d. Native American
  - e. Other (specify) \_\_\_\_\_
14. What was the first language she learned to speak as a child?
- a. English (**skip to question 16**)
  - b. Spanish
  - c. Other (specify) \_\_\_\_\_
15. Would you say that she:
- a. Spoke English well
  - b. Spoke little English
  - c. Spoke no English at all
16. What country was \_\_\_\_\_ born in?
- If US, go to question 18.**
17. How long did \_\_\_\_\_ live in the United States?
18. What was \_\_\_\_\_'s religion?
- a. Catholic
  - b. Protestant
  - c. Jewish
  - d. Muslim
  - e. No religion (**skip to question 20**)
  - f. Other (specify) \_\_\_\_\_
19. Was she active in her place of worship? \_\_\_\_Yes \_\_\_\_No
20. Was \_\_\_\_\_ involved in other community organizations?
- \_\_\_\_Yes (specify) \_\_\_\_\_
- \_\_\_\_No
21. What was the highest grade or degree that \_\_\_\_\_ completed?
22. What city or town did \_\_\_\_\_ live in for the last year of her life?
23. What type of housing did \_\_\_\_\_ live in for all or part of the last year of her life? (check all that apply)
- a. Private house
  - b. Apartment building or complex
  - c. Housing project
  - d. Homeless shelter
  - e. Residential program for drug or alcohol treatment
  - f. Institution (specify) \_\_\_\_\_
  - g. Homeless
24. On a scale of 1 to 5, how would you rate the safety of the neighborhood she lived in, with 1 being very dangerous and 5 being very safe?
- Now I would like to ask you some questions about \_\_\_\_\_'s income.**
25. In the year before she died, did \_\_\_\_\_ have a job? \_\_\_\_Yes \_\_\_\_No
- If no, go to question 27.**
26. What type of work was she doing?
27. I am going to list a number of ways that people support themselves. Please tell me if you know if \_\_\_\_\_ received money from any of the following sources to support herself in the last year of her life.
- a. Wages or pay from a job
  - b. Benefits such as AFDC, Welfare, General Assistance, Food Stamps or SSI (circle all that apply)
  - c. Unemployment benefits
  - d. Child support or alimony



- e. Social security, worker's compensation, veteran's benefits or pensions (circle all that apply)
  - f. Family
  - g. Friends
  - h. Other (specify) \_\_\_\_\_
28. Would you be willing to share with me an estimate of \_\_\_\_\_'s household (combined) annual income in the year prior to her death? \_\_\_Yes \_\_\_No

**If no, go to question 31.**

29. What was her total household income for the last 12 months of her life before taxes?
30. Was that similar to her income in the previous 12 months?  
\_\_\_Yes \_\_\_No
31. How did \_\_\_\_\_ die?
32. Do you know if \_\_\_\_\_ was pregnant at any time during the last year of her life? \_\_\_Yes \_\_\_No
33. Did \_\_\_\_\_ have any chronic health problems (such as diabetes, hypertension)?  
\_\_\_Yes (describe) \_\_\_\_\_  
\_\_\_No (**skip to question 36**)
34. Did \_\_\_\_\_ see a health care provider(s) for treatment of her condition?  
\_\_\_Yes (specify) \_\_\_\_\_  
\_\_\_No (**skip to question 36**)
35. What kind of treatment did \_\_\_\_\_ receive for her condition?
36. Did \_\_\_\_\_ ever have a serious infection (such as pneumonia, Lyme disease, TB or an STD)?  
\_\_\_Yes (specify) \_\_\_\_\_  
\_\_\_No (**skip to question 40**)
37. When did \_\_\_\_\_ have this infection?
38. Did she receive treatment?
39. Did she recover fully? \_\_\_Yes \_\_\_No (explain) \_\_\_\_\_
40. Was \_\_\_\_\_ ever diagnosed with a mental illness?  
\_\_\_Yes (explain) \_\_\_\_\_  
\_\_\_No (**skip to question 45**)
41. Did she receive treatment for the mental illness?  
\_\_\_Yes—Where? \_\_\_\_\_  
\_\_\_No (**skip to question 44**)
42. What type of treatment did she receive? (circle all that apply)
- a. Medication
  - b. Counseling
  - c. Electric shock therapy
  - d. Short-term hospitalization (<1 month)
  - e. Long-term hospitalization
  - f. Other (specify) \_\_\_\_\_
43. Do you know if \_\_\_\_\_ followed her doctor's treatment for her mental illness? \_\_\_Yes \_\_\_No
44. How long before \_\_\_\_\_ died did she develop the mental illness?
45. Was there ever a time when \_\_\_\_\_ needed to go to the doctor or the hospital for any reason, but did not go?  
\_\_\_Yes—Why didn't she go? \_\_\_\_\_  
\_\_\_No \_\_\_\_\_

**Now I am going to ask you some questions about some things that \_\_\_\_\_ may or may not have done that could have affected her health.**

46. Did she ever smoke cigarettes? \_\_\_\_Yes \_\_\_\_No (**skip to question 49**)
47. Did she smoke cigarettes during the last year of her life? \_\_\_\_Yes \_\_\_\_No (**skip to question 49**)
48. Approximately how many cigarettes per day did \_\_\_\_\_ smoke during the last year of her life?
49. Did she drink alcohol? \_\_\_\_Yes \_\_\_\_No (**skip to question 51**)
50. Approximately how many alcoholic drinks did \_\_\_\_\_ have in an average week during her last year of life? (A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor or one mixed drink.)
51. Some women use drugs (prescribed or otherwise) for reasons other than to treat illnesses (for example, stress, weight loss, socially). Did \_\_\_\_\_ use drugs for similar reasons? \_\_\_\_Yes \_\_\_\_No (**skip to question 56**)
52. Which of the following drugs did \_\_\_\_\_ use: (circle all that apply)
  - a. Marijuana
  - b. Cocaine-inhaled
  - c. Cocaine-injected
  - d. Crack, heroin
  - e. PCP, angel dust, LSD
  - f. Barbiturates
  - g. Methadone
  - h. Prescription sedatives
  - i. Prescription diet pills
  - j. Other non prescribed drugs (specify) \_\_\_\_\_
53. How long had she been using drugs before she died?
54. Did she use drugs during the last year of her life? \_\_\_\_Yes \_\_\_\_No
55. Did she ever receive drug rehab services?  
\_\_\_\_Yes—Where and when? \_\_\_\_\_  
\_\_\_\_No

**Now I would like to talk about \_\_\_\_\_'s pregnancy history.**

56. How many times all together was \_\_\_\_\_ pregnant?  
(**If none, go to question 116.**)
57. . Did any of her pregnancies end in: (indicate how many of each)
  - a. Miscarriage (less than 20 weeks)
  - b. Induced abortion
  - c. Still birth/ fetal death (>20 weeks)
  - d. Ectopic pregnancy
58. How many children did she have altogether?  
(**If none—all pregnancies ended in spontaneous or induced abortion—go to question 69**)
59. What are the children's ages and genders?

**Now I would like to talk a bit about \_\_\_\_\_'s children.**

60. Were all of her children living with her at the time of her death?  
\_\_\_\_Yes (**skip to question 62**)  
\_\_\_\_No
61. What were the living arrangements of those children who lived away from \_\_\_\_\_? (circle all that apply and specify number of children)
  - a. Living with another relative
  - b. Living with a friend
  - c. Foster care

- d. Adopted
  - e. Runaway
  - f. Living independently
  - g. Other (specify) \_\_\_\_\_
62. Did the children receive any special services such as social services, behavioral therapy, physical therapy, etc?
63. Have any of \_\_\_\_\_'s children been very sick or badly injured?  
☐ Yes  
☐ No (**skip to question 66**)
64. Were they sick before or after \_\_\_\_\_'s death?  
☐ before mother's death  
☐ after mother's death (**go to question 65**)
64. Were they sick in the last year of her life? ☐ Yes ☐ No
65. What illness(es) did he/she/they have?
66. Have any of \_\_\_\_\_'s children died?  
☐ Yes—How old were they when they died? \_\_\_\_\_  
☐ No (**skip to question 69**)
67. When did he/she/they die?  
☐ before mother's death  
☐ after mother's death
68. What was/were the cause(s) of death?

**Now I have some questions about \_\_\_\_\_'s last pregnancy in mm/yy.**

**If someone other than spouse or partner is being interviewed, skip to question 70.**

69. Were you the father in that pregnancy, in mm/yy? ☐ Yes ☐ No
70. Would you say that \_\_\_\_\_ planned to get pregnant?  
☐ Yes, planned pregnancy  
☐ No, unplanned pregnancy

**If someone other than spouse or partner is being interviewed, skip to question 80.**

71. Before \_\_\_\_\_ got pregnant, did the two of you use any birth control method to prevent pregnancy? ☐ Yes (**skip to question 73**) ☐ No
72. Why were you not using birth control?  
**Then skip to question 76.**
73. What method(s) of birth control did you use?
74. Where did \_\_\_\_\_ get her birth control from?
75. How was she paying for her birth control?
76. Did you want to have a child at the time?  
☐ Yes (**go to question 79**)  
☐ No
77. Why didn't you want to have a child?
78. What did you want \_\_\_\_\_ to do about the pregnancy when you learned that she was pregnant?
79. Did the two of you make plans together to have a baby? ☐ Yes ☐ No
80. What was the outcome of \_\_\_\_\_'s last pregnancy of mm/yy?
- a. Live birth
    - i. Full-term baby
    - ii. Premature baby
  - b. Fetal death (>20 weeks)
  - c. Miscarriage (<20 weeks)
  - d. Induced abortion
  - e. Ectopic pregnancy

f. Other (specify) \_\_\_\_\_

**If the woman had a live birth or a fetal death, continue with question 81. If she had any other outcome, go to question 83.**

81. Did \_\_\_\_\_ consider having an abortion or putting the child up for adoption? \_\_\_\_Yes \_\_\_\_No
82. If she considered abortion, what kept her from doing that?
83. On a scale of 1 to 5, with 1 being strongly negative and 5 being strongly positive what was \_\_\_\_\_'s reaction when she learned that she was pregnant?
84. Did \_\_\_\_\_ receive prenatal care during her pregnancy?  
\_\_\_\_Yes \_\_\_\_No

**If yes, go to question 86.**

85. Why didn't she receive prenatal care? **Then skip to question 92.**
86. What month did she begin to receive that care? (If >4 months, why didn't she receive care sooner?)
87. Where did she go for prenatal care?
- a. Clinic
  - b. HMO
  - c. Private office
  - d. Birthing center
  - e. Hospital
  - f. Emergency room
88. Do you know how many prenatal visits she had altogether?
- a. 1-3
  - b. 4-6
  - c. 7+
  - d. Don't know
89. Did she find it difficult to keep her prenatal appointments? \_\_\_\_Yes \_\_\_\_No

**If no, go to question 91.**

90. What was the reason for this difficulty?
- a. Child care
  - b. Job
  - c. Transportation
  - d. Illness
  - e. Cost
  - f. Other (specify) \_\_\_\_\_
91. How did she pay for prenatal visits?
- a. Self pay
  - b. Private insurance
  - c. Friend/relative paid
  - d. Medicaid
  - e. Unable to pay
  - f. Other (specify) \_\_\_\_\_
92. Did \_\_\_\_\_ receive any additional services during her pregnancy (such as WIC, home visits, case management, community groups)?
93. Did she experience any special medical problems during her pregnancy that made it necessary for her to see a specialist?  
\_\_\_\_Yes  
\_\_\_\_No (**skip to question 97**)
94. What kind of medical problems did she have?
95. Whom did \_\_\_\_\_ see for her problems during pregnancy?
96. Did she receive any treatment, and if so what kind of treatment?

- \_\_\_\_ Yes (specify) \_\_\_\_\_  
\_\_\_\_ No
97. Many families and communities have traditions for pregnant women. Did \_\_\_\_\_ do any special things or see any special healers while she was pregnant?  
\_\_\_\_ Yes (specify) \_\_\_\_\_  
\_\_\_\_ No
98. Was \_\_\_\_\_ hospitalized at any time during her pregnancy?  
\_\_\_\_ Yes  
\_\_\_\_ No (**skip to question 101**)
99. What was she hospitalized for?
100. Where was she hospitalized and how many times?
101. Did \_\_\_\_\_ go to the emergency room for any problems during her pregnancy?  
\_\_\_\_ Yes (explain) \_\_\_\_\_  
\_\_\_\_ No
102. Did \_\_\_\_\_ attend any classes to prepare her for childbirth or the care of the baby?  
\_\_\_\_ Yes (what classes?) \_\_\_\_\_  
\_\_\_\_ No
103. Did \_\_\_\_\_ have any particular worries during her pregnancy (about her health, the baby, other stressors)?  
\_\_\_\_ Yes (explain) \_\_\_\_\_  
\_\_\_\_ No
104. What was \_\_\_\_\_'s relationship like with her health care providers?
- If the woman died during pregnancy, go to question 116.**
105. What was the date of the baby's birth/ termination of the pregnancy?
106. If this pregnancy ended in a birth or fetal death, indicate the delivery type:  
a. Normal vaginal delivery  
b. Complicated vaginal (forceps, vacuum)  
c. C-section  
d. Other (specify) \_\_\_\_\_
107. If this pregnancy ended in abortion, indicate the type:  
a. Spontaneous miscarriage  
b. Surgery for ectopic pregnancy  
c. Abortion, licensed provider  
d. Abortion, unlicensed provider  
e. Other (specify) \_\_\_\_\_
108. How many months pregnant was \_\_\_\_\_ at the time of delivery or termination of the pregnancy?
- If the woman died during birth or before she was discharged from the hospital, skip to question 116.**
109. After the pregnancy, did \_\_\_\_\_ keep her routine follow-up appointments?  
\_\_\_\_ Yes (where) \_\_\_\_\_  
\_\_\_\_ No (why not?) \_\_\_\_\_
110. Did \_\_\_\_\_ experience any medical complications after the baby was born/ the abortion?  
\_\_\_\_ Yes  
\_\_\_\_ No (**skip to question 114**)
111. Did \_\_\_\_\_ go to a doctor to treat the complications?

- ☐ Yes  
☐ No (**skip to question 113**)
112. Why didn't she go to a care provider to treat the complications?
- lack of money
  - transportation
  - child care
  - other (specify) \_\_\_\_\_
113. How did \_\_\_\_\_ do after treatment?
114. Did \_\_\_\_\_ complain of excessive pain or discomfort after the baby was born/ the abortion? ☐ Yes ☐ No
115. Did \_\_\_\_\_ receive any home visits from a nurse or community group after the birth of her baby/ the abortion?
- ☐ Yes (explain) \_\_\_\_\_  
☐ No
116. The next set of questions is about events that may have happened to \_\_\_\_\_ in the last year of her life. I will read you a list of items and for each tell me whether or not it happened during this time in her life.
- Did she move apartments or houses? Y      N
    - If yes, how many times did she move? \_\_\_\_\_
  - Was she ever homeless? Y      N
  - Did she get very sad or depressed? Y      N
  - Did a close friend or family member become very sick or die? Y      N
  - Did she lose her job? Y      N
  - Did anyone hit, punch or kick her? Y      N
    - If yes, who? \_\_\_\_\_
  - Was she the victim of a crime? Y      N
    - If yes, what type of crime? \_\_\_\_\_
  - Was she arrested? Y      N
    - If yes, for what? \_\_\_\_\_
  - Was she involved in a gang? Y      N
  - If she experienced a fetal or infant death, did she receive bereavement support services? Y      N
117. Did any other difficult event take place?
- ☐ Yes (specify) \_\_\_\_\_  
☐ No
118. Is there anything else you would like to share with me about \_\_\_\_\_?
119. Did you or \_\_\_\_\_'s surviving family receive any bereavement support after her death?
- ☐ Yes (specify) \_\_\_\_\_  
☐ No
120. Are there any services you did not receive that you wish you had available to you after \_\_\_\_\_'s death?
121. Finally do you have any advice about helping families who experience a loss similar to yours?

Completed by:

Date:

## Appendix C:



### STATE OF DELAWARE Child Death Review Commission (CDRC)

Date

Name

Address

Address

Dear ,

Thank you very much for meeting with Kristin Joyce, our Senior Medical Social Worker, and for your participation in our program. It has been a few weeks since the interview and we wanted to follow up with you to see how you are doing. We realize that dealing with the loss of a (**wife, daughter, sister** ) is a very long and difficult process. We would like to remind you that our office is here to offer you support.

We have enclosed an evaluation to capture your thoughts and feelings about the family interview. We are asking for your feedback to see if there are ways that we can improve our program and our interactions with families who participate. Your responses will be kept confidential.

Thank you for your courage and your commitment to helping other families in our state. If you have any questions, or if you have a need that we may be able to assist with, feel free to contact our office. Our number is (302) 255-1760 and our office hours are 8:30 a.m. to 4:30 p.m..

Sincerely,

Joan Kelley, R.N.  
FIMR Program Coordinator

### **Evaluation of the Interview**

- 1.) When do you feel would have been the best time for Kristin Joyce to have contacted you for the first time after the death of your loved one?

☐ In the hospital

☐ 1-2 weeks

☐ 2-4 weeks

☐ 4-6 weeks

☐ 6-8 weeks

☐ 8-10 weeks

☐ 10 + weeks

☐ Other

(specify) \_\_\_\_\_

- 2.) Which of these things contributed to your decision to participate in the program?  
(Check all that apply)

☐ I wanted to talk about my experience.

☐ I wanted the opportunity to provide information that might help other families.

☐ I was looking for services in the community for me and my family.

☐ Other (specify) \_\_\_\_\_

- 3.) Do you feel the interview gave you an opportunity to openly share your feelings?

☐ Yes

☐ No

☐ Somewhat

Comments: \_\_\_\_\_

- 4.) Do you feel it was beneficial for you to answer questions about your loss?

☐ Yes

☐ No

☐ Somewhat

Comments: \_\_\_\_\_

- 5.) Did you feel that you would be helping other families by participating with the interview?

☐ Yes

☐ No

☐ Somewhat

Comments: \_\_\_\_\_

***Do you have any thoughts or feelings about Kristin Joyce and your interaction with her as the maternal interviewer?***

---

---

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***Are there other comments or suggestions you would like to make about your experience?***

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---

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Thank you once again for all of your time and your support of this program. We value your opinion and the feedback that you have provided.

***Together we can make a difference***



## Appendix D:



### Case Summary: Delaware Maternal Mortality Review

#### Case Number

#### Date of Review

#### Overview

Age:

Pregnancy status: *Pregnant, within 42 days, 43-365 days, unknown*

Outcome of pregnancy: *Live birth, fetal death, twins, etc.*

Manner: *As noted on death certificate (accidental, natural, suicide, homicide, etc.)*

Cause: *As noted on death certificate*

Reports Reviewed:

Reports not able to review:

Method of case identification: *Pregnancy check box on death certificate, obituary, etc.*

#### Summary of Events:

#### Demographic Information:

#### Medical History

*Pre-existing conditions*

*Prior hospitalizations and surgeries*

*Medications*

#### Reproductive History

*Pregnancy history and prior outcomes*

*Interpregnancy interval*

#### Social History

*Living situation*

*Employment*

*Alcohol, tobacco, drug history*

*Domestic violence screen*

#### Prenatal Care

Week entered prenatal care:

Number of prenatal visits:

Referrals made:

#### Labor & Delivery

*Level of hospital*

**Postpartum**

**Terminal Event**

**Autopsy & Medical Examiner's Report**

**Death Certificate:**

Cause of death:

Manner of death:

Was pregnancy check box marked: *Yes / No*

**Other:**

## Appendix E:



### Delaware Maternal Mortality Review

#### Case Discussion Form

Delaware MMR Case # \_\_\_\_\_

Date of Review \_\_\_\_\_

#### Questions for Discussion

1. How much relevant information was available for this review:  
☐ Substantially complete information  
☐ Minor gaps in information  
☐ Major gaps in information  
☐ Minimal information available
2. Were reasonable standards of practice met by the systems involved?
3. What issues and gaps does this case highlight?

<u>Improvement Category</u>	<u>Issue Identified</u>
<b>Individual/Community Factors</b> Lack of patient knowledge Cultural or religious beliefs Personal decisions	
<b>System Factors</b> Lack of standardized policies and procedures Barriers to accessing care	
<b>Clinical Factors</b> Knowledge/skills/assessment Communication/documentation Care coordination Prevention/patient education	

<b>Death Review Process</b> Death certificate accuracy MMR abstraction process Medical examiner review and autopsies	
---	--

4. Was this death preventable? Yes / No

5. What was the chance to alter the outcome?

Strong chance / Good chance / Some chance / No chance / Insufficient information

**Panel Vote on Recommendation(s)**

**Panel Opinion**

Primary cause of death :

Underlying cause(s) of death:

Is this the same as on the death certificate? ☐ Yes ☐ No

**Classification of death**

- ☐ Pregnancy-related
- ☐ Pregnancy-unrelated
- ☐ Undetermined



## Appendix F:



### **Confidentiality Statement for the Delaware Maternal Mortality Review (MMR) Process**

The Maternal Mortality Review CRT (Case Review Team) is a confidential process. Surviving family members, caregivers, service providers and agencies should be protected from the disclosure of information outside of the review meetings. Informed consent for family interviews specifically guarantees this protection.

The nature of the review meetings is to promote open dialogue and the exploration of issues. Participants are encouraged to express opinions that may not reflect the position of their respective agencies. Some factors discussed may be sensitive and involve issues related to values, beliefs, or cultural variables. The opinions expressed are not to be repeated outside of the meeting nor should judgments be made about an individual, their profession or agency. This will allow for a free exchange of differing ideas.

#### **As a participant of the review meeting, I agree to abide by the following:**

- I will refrain from speculation regarding the identity of the case subjects, any providers, or institutions, even when I recognize an aspect of the case.
- I understand the purpose of the MMR CRT is not for individual case management of clients, and that if allowed a family/significant other interview, the MMR staff will give the client referral resources as appropriate
- I will **not** present to the public, the media, or professional audiences a finding or recommendation before obtaining approval from the Child Death Review Commission (CDRC).
- Upon approval of the CDRC, I **will** share with my own institution or agency ideas that may assist in the delivery of services within the limits set forth above.
- All written material sent to me via electronic mail (e-mail) will be deleted from my computer system after the CRT completes its review. This information is not to be shared with others outside of the CRT. If preferred, any written material can be left with the MMR staff and they will shred.

**With the purpose of this review in mind, we the undersigned agree that all information secured, verbally or in writing, in these reviews will remain confidential and will not be used for any purpose outside of the review process.**

**Date of Review:**

<b>Printed Name</b>	<b>Date</b>	<b>CRT member Yes/No</b>	<b>Agency</b>	<b>E-mail address</b>	<b>Signature</b>

## Delaware Maternal Mortality Review (MMR) Workflow chart

